



Commission on Peace Officer Standards and Training

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Date: August 6, 2014

Bulletin: No. 2014-14

Subject: **Update on Proposed Amendment to First Aid Standards for Public Safety Personnel**

As previously noted in Bulletin 2014-10, the California Emergency Medical Services Authority (EMSA), which establishes First Aid/CPR training standards for public safety personnel, has proposed revisions to the California Code of Regulations, Division 9, Title 22, Chapter 1.5, First Aid Standards for Public Safety Personnel. The initial 45-day public comment period was May 23, 2014 through July 7, 2014 and a public hearing was held July 7, 2014.

After the public hearing, EMSA released an amended proposal (see attached) and commenced a 15-day public comment period. The 15-day public comment period is from August 1, 2014 through August 15, 2014. The text of newly proposed regulations, comment table, notice of public comment, and a summary of comments with EMSA's responses related to the previous public comment period are posted at: http://www.emsa.ca.gov/Public_Comment.

Agencies and training presenters are encouraged to thoroughly review the proposal and, if desired, provide written comment to EMSA through the method specified on the EMSA website. POST is contacting various stakeholders to discuss the issues.

Bulletin 2014-10 listed the following changes in the initial proposal. EMSA adjustments made in the latest proposal are noted below in ***bold italic text***.

- Section 100007 - Requires CPR standards to meet current American Heart Association's Emergency Cardiovascular Care Guidelines which state the "healthcare provider...should begin CPR and use the Automated External Defibrillator (AED) when available." However, the newly proposed AED training is under optional skills in Section 100018.
 - ***No change related to optional AED***
 - ***Changed training basis from "current" AHA Guidelines to "2010" AHA Guidelines***
- Section 100016(a) - The hourly requirements for basic first aid/CPR training remain the same (21 hours); but additional topics, including those listed below and others, are added.
 - ***No change to initial training hours***
 - ***Topics have been added/deleted***
- Section 100016(c) - New basic first aid (initial and refresher) training to include:
 - Nasopharyngeal (nasal) airways (NPAs) including insertion and assessment of placement

- **Moved to optional skills**
 - Bag valve mask.
 - **Remains in basic training; No change**
 - “Management of” psychological emergencies.
 - **Changed to “Identify signs and symptoms of...”**
 - Tactical and rescue first aid principles applied to special circumstances including:
 - **“Special” circumstances changed to “Violent”**
 - Principles of tactical emergency casualty care
 - **Remains in basic training**
 - **Deleted term “emergency”**
 - Extrications and movement
 - **Remains in basic training; changed placement only**
 - Integration between EMS and law enforcement for active shooter incidents.
 - **Remains in basic training**
 - **Moved from “Tactical Casualty Care” to “Role of the Public Safety First Aid Provider”**
 - Officers will be required to be trained on the additional topics to be compliant with the new regulations. (Effective January 1, 2015.)
 - **Existing training programs compliance date changed from 6 months to 24 months after effective date of regulation (see 100014)**
- Section 100017 - Public safety personnel are within their “scope of practice” for primary first aid skills, including those listed above, without a requirement for training or competency verification.
 - **Added training requirement**
- Section 100020 - The requirements for refresher training have been reduced from 12 to 8 hours but the additional topics must be included.
 - **Raises recertification hours from 8 hours back to 12 hours**
- Section 100025(c) - Requires the use of a specific evaluation form during testing which can be completed only by an evaluator who “...shall be either a qualified instructor designated by an EMS approved training program...or by a qualified individual designated by an EMS service provider.” (See “[Public Safety First Aid and CPR Skills Competency Verification form EMSA-PSSCV \(05/2014\)](#)” Page 3 on the EMSA website.)
 - **The required form and evaluator qualifications have been removed**

Many of the issues previously identified by POST in Bulletin 2014-10 remain. Agencies and training presenters are again encouraged to thoroughly review the proposal and, if desired, provide written comment to EMSA through the method specified on the EMSA website. Please direct any questions related to this bulletin to Senior Consultant Lon Ramlan, Basic Training Bureau at (916) 227-4820 or lon.ramlan@post.ca.gov.

ROBERT A. STRESAK
Executive Director

Attachment

California Code of Regulations
Title 22. Social Security
Division 9. Prehospital Emergency Medical Services
Chapter 1.5. First Aid and CPR Standards and Training for Public Safety Personnel

The Emergency Medical Services Authority has illustrated changes to the original text in the following manner:

- Additions to text proposed in 45-day comment period = double underline
 - Deletions to text proposed in 45-day comment period = ~~double strikeout~~
 - Additions to the original text = underline
 - Deletions to the original text = ~~strikeout~~
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Article 1. Definitions

§ 100005. Automated External Defibrillator or AED.

“Automated External Defibrillator or AED” means an external defibrillator capable of cardiac rhythm analysis which will charge and deliver a shock either automatically or by user interaction after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections ~~1797.52~~, 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100006. Public Safety AED Service Provider. (no change)

§ 100007. Cardiopulmonary Resuscitation.

“Cardiopulmonary resuscitation” ~~or “CPR”~~ (CPR) means establishing and maintaining an open airway, ensuring adequate respiration, ~~either spontaneously or by use of rescue breathing,~~ and ensuring adequate circulation either spontaneously or by means of closed chest cardiac compression, according to standards promulgated by the ~~current~~ 2010 American Heart Association’s (AHA) Emergency Cardiovascular Care (ECC) Guidelines ~~and/or the American Red Cross.~~

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100008. Firefighter. (no change)

§ 100009. Public Safety First Aid.

“Public Safety First Aid” means the recognition of and immediate care for injury or sudden illness, including medical emergencies, by public safety personnel prior to the availability of medical care by licensed or certified health care professionals.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100010. Lifeguard. (no change)

§ 100011. Peace Officer. (no change)

§ 100012. Primarily Clerical or Administrative. (no change)

~~§ 100013. Qualified Instructor.~~

~~“Qualified instructor” is a trained individual who shall be certified to teach first aid and/or CPR by the approving authority specified in Section 100026 of this Chapter.~~

~~Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.~~

§ 100014. Regularly Employed. (no change)

Article 2. General Training Provisions

~~§ 100015~~ 100013. Application and Scope.

Except those whose duties are primarily clerical or administrative, the following regularly employed public safety personnel shall be trained to administer first aid, and ~~cardiopulmonary resuscitation~~ CPR according to the standards set forth in this Chapter:

- (a1) lifeguard;
- (b2) firefighter;
- (c3) peace officer.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

~~§ 100016~~ 100014. Training Programs In Operation.

Training programs in operation prior to the effective date of these regulations shall submit evidence of compliance with this Chapter to the appropriate approving Authority as specified in Section ~~100026~~ 100021 of this Chapter within ~~six (6)~~ twenty-four (24) months after the effective date of these regulations.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

~~§ 100017~~ 100015. Time Limitation for Initial Training.

The initial training requirements specified in Section 100016 of this Chapter shall be satisfactorily completed within one (1) year from the effective date of the individual’s initial employment and, whenever possible, prior to assumption of regular duty in one of the personnel categories set forth in Section ~~100016~~ 100013 of this Chapter.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

Article 3. Public Safety First Aid and CPR Training Standards

~~§ 100018~~ 100016. Scope of Course Public Safety First Aid and CPR Course Content.

(a) The initial course of instruction shall at a minimum consist of not less than ~~fifteen (15) hours in first aid and six (6) hours in cardiopulmonary resuscitation~~ twenty-one (21) hours in first aid and CPR.

(b) The course of instruction shall include, but need not be limited to, the following scope of courses as described in (c) below, which shall prepare personnel specified in Section ~~100016~~ 100013 of this Chapter to recognize the injury or illness of the individual and render assistance.

(c) The content of the training course shall include recognition and basic first aid level treatment of at least the following topics and shall be skill oriented:

(1) ~~Emergency action principles which describe the basic problems of decision making in first aid;~~ Role of the Public Safety First Aid provider;

(A) Personal safety;

(i) Scene size-up.

(B) Body substance isolation, including removing contaminated gloves;

(C) Legal considerations;

(D) Emergency Medical Services (EMS) access;

(E) Integration with EMS personnel to include active shooter incidents;

(F) Minimum equipment and First Aid kits;

(2) Heart attack and sudden cardiac arrest;

(A) Respiratory and circulatory systems;

(B) Heart attack;

(C) Sudden cardiac arrest and early defibrillation;

(D) Chain of survival;

(3) CPR for adults, children, and infants, following ~~current~~ the 2010 AHA ECC Guidelines at the Healthcare provider level, not inclusive of AED training;

(A) Basic airway management;

~~(B) Use of nasopharyngeal (nasal) airways (NPAs);~~

~~(i) Insertion and assessment of placement;~~

~~(ii) Indications and contraindications;~~

~~(C) Rescue breathing;~~

(i) Mouth-to-mouth;

(ii) Mouth-to-mask;

(iii) Bag valve mask (BVM).

~~(D) Chest compressions and CPR;~~

~~(E) Single rescuer CPR on adult, child and infant;~~

~~(F) Two rescuer CPR on adult, child and infant;~~

~~(G) Recovery position;~~

(4) Management of foreign body airway obstruction on adults, children, and infants;

(A) Conscious patients;

(B) Unconscious patients;

~~(5) Examination and assessment of~~ Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies;

(A) Performing a primary assessment;

(B) Performing ~~physical~~ secondary assessment;

(C) Obtaining a patient history;

(6) Medical Emergencies;

(A) Pain, severe pressure, or discomfort in chest;

(B) Breathing difficulties, including asthma and COPD;

(C) Allergic reactions and anaphylaxis;

(D) Altered mental status;

(E) Stroke;

(F) Diabetic emergencies;

(i) Administration of oral glucose.

(G) Seizures;

(H) Alcohol and drug emergencies;

(i) Assisted naloxone administration and accessing EMS.

(I) Severe abdominal pain;

(J) Obstetrical emergencies;

~~(K) Sudden Infant Death Syndrome (SIDS);~~

(7) Burns;

(A) Thermal burns;

(B) Chemical burns;

(C) Electrical burns;

(8) Facial Injuries;

(A) Objects in the eye;

(B) Chemical in the eye;

(C) Nosebleed;

(D) Dental emergencies;

(9) Environmental Emergencies;

(A) Heat emergencies;

(B) Cold emergencies;

(C) Drowning;

(10) Bites and Stings;

(A) Insect bites and stings;

(B) Animal and human bites;

(C) Assisted administration of epinephrine auto-injector and accessing EMS.

(11) Poisoning;

(A) Ingested poisoning;

(B) Inhaled poisoning;

(C) Exposure to chemical, biological, ~~or~~ radiological, or nuclear (CBRN) substances;

(i) Recognition of exposure;

(ii) Scene safety;

(D) Poison control system;

(12) ~~Management~~ Identify signs and symptoms of Psychological Emergencies;

(13) Patient Movement;

(A) Emergency movement of patients;

(B) Lifts and carries;

(C) Extrication and movement of patients using soft litters and manual extractions including fore/aft, side-by-side, shoulder/belt.

(14) Tactical and Rescue First Aid Principles Applied to ~~Special~~ Violent Circumstances;

(A) Principles of tactical ~~emergency~~ casualty care;

(i) Determining treatment priorities.

~~(B) Extrication and movement of patients using soft litters and manual extractions including fore/aft, side-by-side, shoulder/belt;~~

~~(C) Basic airway management;~~

~~(D) Medical threat assessment and planning;~~

~~(E) Integration between EMS and law enforcement for active shooter incidents;~~

(15) Orientation to the EMS System, including:

(A) 9-1-1 access;

(B) Interaction with EMS personnel;

(C) ~~Orientation to~~ Identification of local EMS and trauma systems.

(16) Trauma Emergencies;

(A) Soft tissue injuries and wounds;

(B) Amputations and impaled objects;

(C) Chest and abdominal injuries;

(i) Review of basic treatment for chest wall injuries

(ii) Application of chest seals;

(D) Head, neck, or back injury;

(E) Spinal immobilization;

(F) Musculoskeletal trauma and splinting;

(G) Recognition of signs and symptoms of shock;

(i) Basic treatment of shock;

(ii) Importance of maintaining normal body temperature;

(H) Internal bleeding;

(I) Control of bleeding, including direct pressure, tourniquet, hemostatic

Dressings, chest seals and dressings;

(i) Training in the use of hemostatic dressings shall consist of not less than one (1) hour resulting in competency in the application of hemostatic dressings. Included in the training shall be the following topics and skills:

(1) Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings and wound packing;

(2) Types of hemostatic dressings.

(2) First aid for medical emergencies, including sudden illnesses;

(3) Cardiac and respiratory emergencies, including cardiac and/or respiratory failures in victims of all ages;

(4) First aid for traumatic injuries including wounds, and life threatening bleeding;

(5) First aid for specific injuries, including care for specific injuries to different parts of the body;

(6) Bandaging, including materials and guidelines used in bandaging;

(7) First aid for environmental emergencies including burns, heat and chemical burns, electrical emergencies and exposure to radiation, or climatic changes;

(8) First aid for injuries to bones, muscles, and joints;

(9) Emergency rescue and transfer;

(10) First aid for obstetrical emergencies.

Note: Authority cited: Section 1797.107 and 1797.193, Health and Safety Code. Reference:

Sections 1797.176, 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100019. Required Topics.

The content of the training course shall include at least the following topics and shall be skill-oriented:

(a) Examination and assessment of the victim;

(b) Orientation to the EMS system;

(c) Suspected heart attack or stroke;

(d) Fainting, convulsions, and/or suspected drug abuse;

(e) Heat exhaustion, heat stroke, hypothermia and frost bite;

(f) Mouth to mouth breathing and care for choking victims whether conscious or unconscious;

(g) Types of wounds and control of bleeding;

(h) Shock, and its causes, infection and closed wounds;

(i) Eye, face, scalp, jaw and ear injuries;

(j) Injuries of the head, neck, back, trunk, arms and legs;

(k) Exposure to toxic substances;

(l) Bites and stings by snakes, marine life and insects;

(m) Bandaging techniques, first aid kits and supplies;

(n) Determination of the severity of burns, including first, second, and third degree burns;

(o) Fractures, both open and closed, splinting, and care for fractures, sprains, strains and dislocated joints;

(p) Techniques of cardiopulmonary resuscitation; and

(q) Obstetrical emergencies.

Note: Authority cited: Section: 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100017. ~~Scope of Practice~~ Authorized Skills for Public Safety First Aid Providers

(a) A Public Safety First Aid provider during training, or while at the scene of an emergency, after completion of training and demonstration of competency to the satisfaction of the approved training provider for each skill listed in this section, is authorized to perform medical care including, but not limited to, CPR and may do any of the following:

- (1) Evaluate the ill and injured;
- (2) Provide treatment for shock.
- (3) Use the following techniques to support airway and breathing:
 - (A) Manual airway opening methods, including head-tilt chin lift and/ or jaw thrust;
 - (B) Manual methods to remove an airway obstruction in adults, children, and infants;
 - ~~(C) Use nasopharyngeal (nasal) airways (NPAs);~~
 - (D) Use the recovery position.
- (4) ~~Use~~ Perform the following during emergency care:
 - (A) Spinal immobilization;
 - (B) Splinting of extremities;
 - (C) Emergency eye irrigation using water or normal saline;
 - (D) Assist with administration of oral glucose;
 - (E) Assist patients with administration of physician-prescribed epinephrine devices and naloxone;
 - (F) Assist in emergency childbirth;
 - (G) Hemorrhage control using direct pressure, pressure bandages, principles of pressure points, and tourniquets. Hemostatic dressings and wound packing may be used when approved by the ~~LEMSA Medical Director and~~ from the list approved by the EMS Authority;
 - (H) Chest seals and dressings;
 - (I) Simple decontamination techniques and use of decontamination equipment;
 - (J) Care for amputated body parts;
 - (K) Provide basic wound care.

(b) The ~~scope of practice~~ authorized skills of a Public Safety First Aid provider shall not exceed those activities authorized in this section.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.176, 1797.182, 1797.183, 1797.220 and 1798, Health and Safety Code; and Section 13518, Penal Code.

§ ~~100020~~ 100018. Optional Skills.

(a) In addition to the activities authorized by Section ~~100019~~ 100017 of this Chapter, public safety personnel may perform any or all of the following optional skills specified in this section when the public safety first aid provider has been trained and tested to demonstrate competence following initial instruction, and when authorized by the Medical Director of the LEMS.

(b) A LEMS shall establish policies and procedures that require public safety first aid personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by EMSQIP. ~~AED when authorized by a public safety AED service provider.~~

(c) Administration of epinephrine by auto-injector for suspected anaphylaxis.

(1) Training in the administration of epinephrine shall consist of no less than two (2) hours to result in the public safety first aid provider being competent in the administration of epinephrine and managing a patient of a suspected anaphylactic reaction. Included in the training hours listed above shall be the following topics and skills:

- (A) Common causative agents;
- (B) Signs and symptoms of anaphylaxis;
- (C) Assessment findings;

(D) Management to include but not be limited to:

(E) Need for appropriate personal protective equipment and scene safety awareness;

(F) Profile of epinephrine to include, but not be limited to:

1. Class;

2. Mechanisms of drug action;

3. Indications;

4. Contraindications;

5. Dosage and route of administration;

6. Side/ adverse effects;

(G) Administration of epinephrine by auto-injector;

1. Site selection and administration;

2. Medical asepsis;

3. Disposal of contaminated items and sharps.

(2) At the completion of this training, the student shall complete a competency based written and skills examination for administration of epinephrine which shall include:

(A) Assessment of when to administer epinephrine;

(B) Managing a patient before and after administering epinephrine;

(C) Accessing 9-1-1 or advanced life support services for all patients suffering anaphylaxis or receiving epinephrine administration;

(D) Using universal precautions and body substance isolation procedures during medication administration;

(E) Demonstrating aseptic technique during medication administration;

(F) Demonstrate preparation and administration of epinephrine by auto-injector;

(G) Proper disposal of contaminated items and sharps.

(d) Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula, and bag-valve-mask ventilation.

(1) Training in the administration of oxygen shall consist of no less than two (2) hours to result in the public safety first aid provider being competent in the administration of supplemental oxygen and use of bag-valve-mask ventilation for patient requiring oxygen administration and ventilation. Included in the training hours listed above shall be the following topics and skills:

(A) Integrating the use of supplemental oxygen by non-rebreather mask or nasal cannula based upon local EMS protocols;

(B) Assessment and management of patients with respiratory distress;

(C) Profile of Oxygen to include, but not be limited to:

1. Class;

2. Mechanism of Action;

3. Indications;

4. Contraindications;

5. Dosage and route of administration (mask, cannula, bag-valve-mask);

6. Side/ adverse effects;

(D) Oxygen Delivery Systems;

1. Set up of oxygen delivery including tank opening, use of regulator and liter flow selection.

2. Percent of relative oxygen delivered by type of mask;

3. Oxygen delivery for a breathing patient, including non-rebreather mask and nasal cannula;

4. Bag-Valve-Mask and Oxygen delivery for a non-breathing patient;

(E) Safety precautions.

(2) At the completion of the training, the student shall complete a competency based written and skills examination for the administration of oxygen which shall include the topics listed above and:

(A) Assessment of when to administer supplemental oxygen and ventilation with a bag-valve-mask;

- (B) Managing a patient before and after oxygen administration;
- (C) Demonstrating preparation of the oxygen delivery system;
- (D) Demonstrating application of supplemental oxygen by non-rebreather mask and nasal cannula on a breathing patient;
- (E) Demonstrating use of bag-valve-mask on a non-breathing patient.
- (e) Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care, when authorized by the medical director of a LEMSA or the Authority, while working for a public safety provider.
- (1) Training in the administration of auto-injectors containing atropine and pralidoxime shall consist of no less than two (2) hours, to result in the public safety first aid provider being competent in the administration of auto-injectors for nerve agent intoxication. Included in the training hours listed above shall be the following topics and skills:
 - (A) Integrating the use of auto-injectors for nerve agent intoxication based upon local EMS protocols;
 - (B) Assessment and recognition of patients with nerve agent intoxication;
 - (C) Management of patients with nerve agent exposure, including the need for appropriate personal protective equipment, decontamination principles, and scene safety awareness;
 - (D) Profile of atropine and pralidoxime chloride to include, but not be limited to:
 - 1. Class;
 - 2. Mechanism of action;
 - 3. Indications;
 - 4. Contraindications;
 - 5. Dosage and route of administration;
 - 6. Side/ adverse effects;
 - (E) Auto-Injector delivery and types (ie Duo-Dote, Mark I)
 - 1. Medical asepsis;
 - 2. Site selection and administration;
 - 3. Disposal of contaminated items and sharps;
 - 4. Safety precautions.
- (2) At the completion of the training, the student shall complete a competency based written and skills examination for the administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent intoxication which shall include the topics listed above and:
 - (A) Assessment of when to administer nerve agent auto-injector;
 - (B) Managing a patient before and after auto-injector administration;
 - (C) Accessing 9-1-1 or advanced life support services following administration of atropine and pralidoxime.
 - (D) Demonstrating preparation, site selection, and administration of the auto-injector;
 - (E) Demonstrating universal precautions and body substance isolation procedure during medication administration;
 - (F) Demonstrating aseptic technique during medication administration;
 - (G) Proper disposal of contaminated items and sharps.
- (f) Administration of naloxone for suspected narcotic overdose.
- (1) Training in the administration of naloxone shall consist of no less than two (2) hours to result in the public safety first aid provider being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose. Included in the training hours listed above shall be the following topics and skills:
 - (A) Common causative agents
 - (B) Assessment findings
 - (C) Management to include but not be limited to:
 - (D) Need for appropriate personal protective equipment and scene safety awareness
 - (E) Profile of Naloxone to include, but not be limited to:

1. Indications
2. Contraindications
3. Side/adverse effects
4. Routes of administration
5. Dosages
- (F) Mechanisms of drug action
- (G) Calculating drug dosages
- (H) Medical asepsis
- (I) Disposal of contaminated items and sharps
- (2) At the completion of this training, the student shall complete a competency based written and skills examination for administration of naloxone which shall include:
 - (A) Assessment of when to administer naloxone,
 - (B) Managing a patient before and after administering naloxone,
 - (C) Using universal precautions and body substance isolation procedures during medication administration,
 - (D) Demonstrating aseptic technique during medication administration,
 - (E) Demonstrate preparation and administration of parenteral medications by a route other than intravenous,
 - (F) Proper disposal of contaminated items and sharps.
- (g) Use of oropharyngeal (oral) airways (OPAs) and nasopharyngeal (nasal) airways (NPAs).
 - (1) Training in the use of OPAs and NPAs shall consist of not less than one (1) hour to result in the public safety first aid provider being competent in the use of the devices and airway control. Included in the above training hours shall be the following topics and skills:
 - (A) Anatomy and physiology of the respiratory system;
 - (B) Assessment of the respiratory system;
 - (C) Review of basic airway management techniques, which includes manual and mechanical;
 - (D) The role of OPA and NPA airway adjuncts in the sequence of airway control;
 - (E) Indications and contraindications of OPAs and NPAs;
 - (F) The role of pre-oxygenation in preparation for OPAs and NPAs;
 - (G) OPA and NPA insertion and assessment of placement;
 - (H) Methods for prevention of basic skills deterioration;
 - (I) Alternatives to the OPAs and NPAs.
 - (2) At the completion of initial training a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of OPAs and NPAs.
- (h) AED when authorized by a public safety AED service provider.
 - (1) Training for the AED shall consist of not less than ~~four (4) hours~~ two (2) hours and shall include the following topics and skills:
 - (A) Proper use, maintenance and periodic inspection of the AED.
 - (B) The importance of cardiopulmonary resuscitation (CPR), defibrillation, advanced life support (ALS), adequate airway care, and internal emergency response system, if applicable.
 - (C) Overview of the EMS system, the local EMS system's medical control policies, 9-1-1 access, and interaction with EMS personnel.
 - (D) Assessment of an unconscious patient, to include evaluation of airway, breathing, and circulation to determine cardiac arrest.
 - (E) Information relating to AED safety precautions to enable the individual to administer a shock without jeopardizing the safety of the patient or rescuers or other nearby persons.
 - (F) Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
 - (G) Rapid, accurate assessment of the patient's post-shock status.
 - (H) The appropriate continuation of care following a successful defibrillation.

~~(b 2)~~ In order to be authorized to utilize the defibrillator, an individual shall pass a written and skills examination with a pre-established standard, which tests the ability to assess and manage the specified conditions listed in subsection (a) of this section.

~~(e 3)~~ A local EMS agency that approves public safety AED service providers shall:

~~(4 A)~~ Approve and monitor training programs including refresher training within its jurisdiction to assure compliance with this Chapter.

~~(2 B)~~ Approve the written and skills exam required for AED training course completion.

~~(3 C)~~ Develop policies and procedures for approval of AED instructors by the local EMS agency medical director.

~~(4)~~ To be authorized to instruct public safety personnel in the use of an AED, an AED instructor shall either:

(A) Complete an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED, or (B) Be approved by the local EMS agency director and meet the following requirements:

1. Be AED accredited or able to show competency in the proper utilization of an AED, and
2. Be able to demonstrate competency in adult teaching methodologies.

~~(4)~~ Establish policies and procedures for medical control pursuant to Section 1798 of the Health and Safety Code.

~~(5 6)~~ Establish policies and procedures for the approval and designation of public safety AED service provider(s) which will include requirements that public safety AED service providers have policies and procedures, approved by the local EMS agency medical director, to

(A) provide orientation of AED accredited personnel to the AED,

(B) ensure continued competency of AED accredited personnel, and

(C) collect and report data to the local EMS agency, pursuant to Section ~~100021~~ 100019.

~~(6 7)~~ Establish policies and procedures to collect, maintain and evaluate patient care records.

~~(7 8)~~ Report annually to the EMS Authority on:

(A) The total number of patients, defibrillated; who were discharged from the hospital alive, and

(B) The data collected by public safety AED service providers pursuant to Section ~~100021~~ 100019 of this chapter.

Note: Authority cited: Section 1797.107 and 1797.197, Health and Safety Code. Reference:

Sections ~~1797.52, 1797.58, 1797.74, 1797.90, 1797.175, 1797.176, 1797.182, 1797.183, 1798, 1798.2, 1798.4, 1798.100, 1798.102 and 1797.104~~, Health and Safety Code; and Section 13518, Penal Code.

§ Section ~~100021~~ 100019. Public Safety AED Service Provider.

A public safety AED service provider is an agency or organization that employs individuals as defined in Section ~~100015~~ 100013, and who obtain AEDs for the purpose of providing AED services to the general public.

(a) A public safety AED service provider shall be approved by the local EMS agency, or in the case of state or federal agencies, the EMS Authority, prior to beginning service. In order to receive and maintain AED service provider approval, a public safety AED service provider shall ensure compliance with the requirements of this Chapter.

(b) Public safety AED service provider approval may be revoked or suspended for failure to maintain the requirements of this section.

(c) A public safety AED service provider applicant shall be approved if they meet and provide the following:

- (1) Provide orientation of AED authorized personnel to the AED;
- (2) Ensure maintenance of AED equipment;
- (3) Ensure initial training and continued competency of AED authorized personnel;

(4) Patient Care Reports (PCRs) shall document information required by and consistent with local EMS agency requirements. Collect and report to the local EMS agency where the defibrillation occurred, as required by the local EMS agency but no less than annually, data that includes, but is not limited to:

~~(A) The number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care.~~

~~(B) The total number of patients on whom defibrillatory shocks were administered, witnessed (seen or heard) and not witnessed; and~~

~~(C) The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation..~~

(5) Authorize personnel and maintain a listing of all public safety AED service provider authorized personnel and provide upon request to the local EMS agency or the EMS Authority.

~~(e d)~~ An approved public safety AED service provider and their authorized personnel shall be recognized statewide.

NOTE: Authority cited: Section 1797.107, 1797.182 and 1797.183, Health and Safety Code.

Reference: Sections 1797.182 ~~and~~, 1797.183 ~~and~~ 1797.190, Health and Safety Code and Section 13518, Penal Code.

§ 100022. Testing.

~~(a) The course of instruction shall include a written and skills examination which tests the ability to assess and manage all the conditions listed in Sections 100018 and 100019 of this Chapter.~~

~~(b) A passing standard shall be established by the training agency before administration of the examination.~~

~~Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.~~

§ 100023. Training Instructor Requirements.

~~(a) Training in first aid and CPR for the personnel specified in Section 100016 of this Chapter shall be conducted by an instructor who is:~~

~~(1) Proficient in the skills taught; and~~

~~(2) qualified to teach by education and/or experience.~~

~~(b) Determination of the instructor's qualifications shall be the responsibility of the agency whose training program has been approved by the Authority pursuant to Section 100026 of this Chapter.~~

~~Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.~~

§ 100024. Validation of Course Completion.

~~(a) Each trainee who successfully completes an approved course of instruction and successfully passes a proficiency test shall be given written verification to that effect by the institution, organization or agency which provides the instruction.~~

~~(b) Employing agencies which provide approved courses of instruction to their employees need not provide individual written verification but shall maintain a record of the names of trainees and the date(s) on which training courses have been completed for at least three (3) years.~~

~~(c) Such training records shall be made available for inspection by the local EMS agency upon request.~~

~~Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.~~

§ 100025 100020. Public Safety First Aid and CPR Retraining Requirements.

(a) The retraining requirements of this Chapter shall be satisfied by successful completion of either:

(1) An approved retraining course which includes a review of the topics and demonstration of skills prescribed in this Chapter and which consists of no less than twelve (12) hours ~~eight (8) hours~~ of first aid and CPR every two (2) years; or

(2) By maintaining current and valid licensure or certification as an EMR, EMT, Advanced EMT, Paramedic, Registered Nurse, Physician Assistant, Physician or by maintaining current and valid EMR, EMT, AEMT or Paramedic registration from the National Registry of EMTs; or,

(23) Peace Officers may successfully complete a ~~A~~ competency based written and skills pretest of the topics and skills prescribed in this Chapter with the following restrictions:

(A) That appropriate retraining be provided on those topics indicated necessary by the pretest, in addition to any new developments in first aid and CPR;

(B) A final test be provided covering those topics included in the retraining for those persons failing to pass the pretest; and

(C) The hours for the retraining may be reduced to those hours needed to cover the topics indicated necessary by the pretest.

(b) The entire retraining course or pretest may be offered to Peace Officers yearly by ~~the any~~ approved training course, as defined in Section 100021 ~~training agency~~, but in no event shall the retraining course or pretest be offered less than once every three (3) years.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

Article 4. Public Safety First Aid and CPR Course Approval Requirements ~~Training Approval Options~~

§ ~~100026~~ 100021. Public Safety First Aid and CPR Approved Courses.

The training requirements of this Chapter may be satisfied by successfully completing any one of the following course options as determined by the employing agency in accordance with the course content contained in Section 100016 of this chapter:

(a) A course in public safety first aid, including CPR, developed and/or authorized by the ~~Fire Service Training Program of the Office of the State Fire Marshal~~ California Department of Forestry and Fire Protection (CAL FIRE) and approved by the EMS Authority; or

(b) A course in public safety first aid, including CPR, authorized by the Commission on Peace Officer's Standards and Training (POST) and approved by the EMS Authority; or

(c) A course in public safety first aid, including CPR, developed and authorized by the California Department of Parks and Recreation (DPR) and approved by the EMS Authority; or

~~(d) A course in first aid, including CPR, developed and authorized by the California Department of Forestry and Fire Protection and approved by the EMS Authority; or~~

~~(e)~~ (d) A course in public safety first aid, including CPR, developed and authorized by the Department of the California Highway Patrol (CHP) and approved by the EMS Authority; or

~~(f) A course in first aid, including CPR, sponsored and/or approved by the American Red Cross; or~~

~~(g) A course in first aid sponsored and/or approved by the American Red Cross and a course in CPR sponsored and/or approved by the American Heart Association; or~~

~~(h)~~ (e) The U.S. Department of Transportation's first emergency medical responder (EMR) course which includes first aid practices and CPR, approved by the local EMS agency; or

~~(i)~~ (f) A course of at least 21 hours in first aid equivalent to the standards of the American Red Cross and/or healthcare provider level CPR equivalent to the standards of the American Red Cross and/or American Heart Association in accordance with the course content contained in Section 100016 of this chapter and approved by the local EMS agency; or

(jg) An EMT-I course which has been approved pursuant to Chapter 2 of this division; or

(~~kh~~) An Advanced EMT-II (AEMT) course which has been approved pursuant to Chapter 3 of this division; or

(~~li~~) An EMT-P Paramedic course which has been approved pursuant to Chapter 4 of this division; or

(j) An EMR course approved by the Authority, and developed and authorized by CAL FIRE, POST, DPR, CHP or other Statewide public safety agency, as determined by the Authority.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ ~~100027~~100022. Course Approval Process.

(a) For those courses requiring approval, the following shall be submitted to the approving authority as specified in section 100021 of this chapter when requesting approval:

(~~a~~1) Name of the sponsoring institution, organization, or agency;

(~~b~~2) ~~e~~-Detailed Course outline;

(~~c~~3) ~~f~~Final written examination with pre-established scoring standards; and

(~~d~~4) ~~s~~Skill proficiency competency testing criteria, with pre-established scoring standards; and

(5) Name and qualifications of instructor(s).

(b) Course approval is valid for four (4) years from the date of approval, and shall be reviewed by the approving authority for approval every four (4) years, or sooner at the discretion of the approving authority.

(c) The approving authority may request additional materials or documentation as a condition of course approval.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100028. Program Review.

~~All course outlines, written tests, and proficiency testing criteria used in an approved program shall be subject to periodic review as determined by the approving Authority.~~

~~Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.~~

§ 100023. Training Program Notification.

(a) The approving authority shall notify the training program submitting its request for training program approval within ~~fifteen (15)~~ twenty-one (21) working days of receiving the request that:

(1) The request has been received,

(2) The request contains or does not contain the information requested in Section 100021 and 100022 of this Chapter and,

(3) What information, if any, is missing from the request.

(b) Program approval or disapproval shall be made in writing by the approving authority to the requesting training program within a reasonable period of time after receipt of all required documentation. ~~This time period shall not to exceed three (3)~~ four (4) months, unless applicant is notified in writing, extending the decision to no more than six (6) months from date of application.

(c) The approving authority shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.

(f) The LEMSA shall notify the Authority concurrently with the training program of approval, renewal of approval, or disapproval of the training program, and include the effective date. This notification is in addition to the name and address of training program, name of the program director, phone number of the contact person, and program approval/ expiration date of program approval.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100024. Withdrawal of Program Approval

(a) Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in denial, probation, suspension or revocation of program approval by the training program approving authority.

Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:

(1) A training program approving authority shall notify the approved training program course director in writing, by registered mail, of the provisions of this Chapter with which the training program is not in compliance.

(2) Within fifteen (15) working days of receipt of the notification of noncompliance, the approved training program shall submit in writing, by registered mail, to the training program approving authority one of the following:

(A) Evidence of compliance with the provisions of this Chapter, or

(B) A plan for meeting compliance with the provisions of this Chapter within sixty (60) calendar days from the day of receipt of the notification of noncompliance.

(3) Within fifteen (15) working days of receipt of the response from the approved training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved training program, the training program approving authority shall notify the Authority and the approved training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the training program approval.

(4) If the training program approving authority decides to suspend, revoke, or place an training program on probation the notification specified in subsection (a)(3) of this section shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) calendar days from the date of the training program approving authority's letter of decision to the Authority and the training program.

Note: Authority cited: Sections 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100025. Testing.

(a) The initial and retraining course of instruction shall include a written and skills examination which tests the ability to assess and manage all of the conditions, content and skills listed in Sections 100016 and 100017 of this Chapter.

(b) A passing standard shall be established by the training agency before administration of the examination and shall be in compliance with the standard submitted to and approved by the approving authority according to sections 100021 and 100022.

(c) Public safety first aid and/or CPR training programs shall test the knowledge and skills specified in this chapter and have a passing standard that shall for successful completion of the course and shall ensure competency of each skill. ~~skills assessment using the Public Safety First Aid and CPR Skills Verification Form EMSA-PSSCV (05/2014), incorporated by reference.~~

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100026. Training Instructor Requirements.

(a) Training in Public Safety first aid and CPR for the personnel specified in Section 100013 of this Chapter shall be conducted by an instructor who is:

- (1) Proficient in the skills taught; and
- (2) Qualified to teach by education and/or experience.

(b) ~~Determination~~ Validation of the instructor's qualifications shall be the responsibility of the agency whose training program has been approved by the approving authority pursuant to Sections 100021 and 100022 of this Chapter.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100027. Validation of Course Completion.

(a) Each trainee who successfully completes an approved course of instruction and successfully passes the competency based written and skills exams shall be given a certificate or written verification to that effect by the institution, organization or agency which provides the instruction.

(b) Each certificate or written verification of course completion shall include the following information:

(1) Indicate initial or refresher training and number of training hours completed;

(2) Topics completed;

(3) Date of issue;

(4) Date of expiration;

(i) Expiration of training for Firefighters and Lifeguards shall be 2 years from date of course completion;

(ii) Expiration of training for Peace Officers shall be no greater than 3 years from the date of course completion, in accordance with Section 13518, Penal Code.

(c) Each training program provider shall maintain a record of the names of trainees and the date(s) on which training courses have been completed for at least four (4) years.

(d) Such training records shall be made available for inspection by the local EMS agency or approving authority upon request.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100028. Program Review.

(a) All course outlines, written tests, and competency testing criteria used in an approved program shall be subject to oversight and periodic review as determined by the approving authority.

(b) Program approval and renewal is contingent upon continued compliance with all required criteria and provisions described in this Chapter, and may be revoked by the approving authority as described in Section 100024 of this Chapter.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.182 and 1797.183, Health and Safety Code; and Section 13518,